

**FOC 85 - PETITION
TO RESCIND
LICENSE
SUSPENSION**

Approved, SCAO		Original - Court 1st copy - Plaintiff 2nd copy - Defendant 3rd copy - Friend of the Court	
STATE OF MICHIGAN JUDICIAL CIRCUIT COUNTY	PETITION TO RESCIND LICENSE SUSPENSION	CASE NO.	
Court address		FAX no.	Court telephone no.
<div style="border: 1px solid black; padding: 5px; min-height: 50px;">Plaintiff's name, address, and telephone no. <input type="checkbox"/> Licensee</div>		<div style="border: 1px solid black; padding: 5px; min-height: 50px;">Licensee date of birth Licensee social security no. Licensee driver license no. Licensee occupational license no.</div>	
Attorney: v			
<div style="border: 1px solid black; padding: 5px; min-height: 50px;">Defendant's name, address, and telephone no. <input type="checkbox"/> Licensee</div>			
Attorney:			

1. On _____ an order was entered suspending the license(s) of the above named licensee.
Date

2. Based on

☐ a stipulation between parties,
☐ an agreement with the payer/licensee,
☐ full payment of the arrearage,
☐ file inactivated or closed by Friend of the Court,
☐ licensee has demonstrated a good faith effort to comply with a make-up parenting time order,
☐ other _____

I request the court to rescind the order suspending license.

☐ 3. I further request the court to enter an order for payment of the arrearage as agreed.

☐ 4. I further request the court to enter an order for make-up/ongoing parenting time.

I declare that the statements above are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner

CERTIFICATE OF MAILING

I certify that on this date I served a copy of this petition on the parties by ordinary mail addressed to their last known addresses.

Date

Signature

FOC 85 (9/96) PETITION TO RESCIND LICENSE SUSPENSION MCL 552.630(2); MSA 25.164(30)(2), MCL 552.645(2); MSA 25.164(45)(2)